SAMARITAN HEALTH CTR-SUBACUTE UNIT

551 SILVERBROOK DR

WEST BEND	53095	Phone: (262) 334-5533		Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	18	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	23	Title 19 (Medicaid) Certified?	No
Number of Resid	dents on 12/31	/04:	12	Average Daily Census:	15

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	· · · · · · · · · · · · · · · · · · ·	 Less Than 1 Year 1 - 4 Years	100.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.3	More Than 4 Years	0.0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	8.3		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	50.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	25.0	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.3	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	25.0	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	0.0	65 & Over	91.7		
Transportation	No	Cerebrovascular	8.3			RNs	80.0
Referral Service	No	Diabetes	0.0	Gender	8	LPNs	13.1
Other Services	No	Respiratory	8.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	58.3	Male	33.3	Aides, & Orderlies	54.5
Mentally Ill	No			Female	66.7		
Provide Day Programming for			100.0	İ			
Developmentally Disabled	No		als als als als als als als als		100.0		

Method of Reimbursement

		Medicare			dicaid tle 19			Other		P	rivate Pay	:		amily Care		1	Managed Care	l 		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	10	100.0	345	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	100.0	636	12	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		0	0.0		0	0.0		0	0.0		0	0.0		2	100.0		12	100.0

Admissions, Discharges, and		Percent Distribution	ı of Residents'	Condit	ions, Services, a	and Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of		Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.8	Bathing	16.7		83.3	0.0	12
Other Nursing Homes	0.3	Dressing	8.3		91.7	0.0	12
Acute Care Hospitals	98.1	Transferring	16.7		83.3	0.0	12
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.7		83.3	0.0	12
Rehabilitation Hospitals	0.8	Eating	83.3		16.7	0.0	12
Other Locations	0.0	********	******	*****	******	*******	*****
Total Number of Admissions	378	Continence		%	Special Treatme	ents	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	25.0	Receiving Re	spiratory Care	0.0
Private Home/No Home Health	23.8	Occ/Freq. Incontiner	it of Bladder	0.0	Receiving Tra	acheostomy Care	0.0
Private Home/With Home Health	45.5	Occ/Freq. Incontiner	it of Bowel	0.0	Receiving Suc	ctioning	0.0
Other Nursing Homes	10.5				Receiving Ost	tomy Care	0.0
Acute Care Hospitals	9.2	Mobility			Receiving Tul	oe Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving Med	chanically Altered Diets	0.0
Rehabilitation Hospitals	0.5	į					
Other Locations	8.9	Skin Care			Other Resident	Characteristics	
Deaths	1.6	With Pressure Sores		0.0	Have Advance	Directives	91.7
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	382	İ			Receiving Ps	ychoactive Drugs	41.7

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other	Hospital-	j	All
	Facility Based		acilities	Fac	ilties
	8	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	65.2	91.7	0.71	88.8	0.73
Current Residents from In-County	100.0	85.3	1.17	77.4	1.29
Admissions from In-County, Still Residing	3.2	14.1	0.23	19.4	0.16
Admissions/Average Daily Census	2520.0	213.7	11.79	146.5	17.21
Discharges/Average Daily Census	2546.7	214.9	11.85	148.0	17.21
Discharges To Private Residence/Average Daily Census	1766.7	119.8	14.75	66.9	26.39
Residents Receiving Skilled Care	100.0	96.2	1.04	89.9	1.11
Residents Aged 65 and Older	91.7	90.7	1.01	87.9	1.04
Title 19 (Medicaid) Funded Residents	0.0	66.8	0.00	66.1	0.00
Private Pay Funded Residents	0.0	22.6	0.00	20.6	0.00
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	0.0	32.7	0.00	33.6	0.00
General Medical Service Residents	58.3	22.0	2.65	21.1	2.77
Impaired ADL (Mean)*	36.7	49.1	0.75	49.4	0.74
Psychological Problems	41.7	53.5	0.78	57.7	0.72
Nursing Care Required (Mean)*	0.0	7.4	0.00	7.4	0.00